

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 1,295

Complete if Known

Application Number	10/073463
Filing Date	02/11/2002
First Named Inventor	Rzhetsky et al.
Examiner Name	DeJong
Art Unit	1631
Attorney Docket No.	070050.1942

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	
<input type="checkbox"/> Non-English Specification	
<input type="checkbox"/> Extension for reply within first month	
<input type="checkbox"/> Extension for reply within second month	
<input checked="" type="checkbox"/> Extension for reply within third month	\$525
<input type="checkbox"/> Extension for reply within fourth month	
<input type="checkbox"/> Extension for reply within fifth month	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Filing a brief in support of an appeal	
<input type="checkbox"/> Petition to revive - unavoidable	
<input checked="" type="checkbox"/> Petition to revive - unintentional	\$770
<input type="checkbox"/> Utility Issue Fee	
<input type="checkbox"/> Design Issue Fee	
<input type="checkbox"/> Publication Fee	
<input type="checkbox"/> Petitions to the Commissioner	
<input type="checkbox"/> Request for Continued Examination (RCE)	
<input type="checkbox"/> Information Disclosure Statement (IDS)	
Other fee -	

SUBTOTAL **(\$)** 0

FEES CALCULATION

Extra Claim Fees

Total Claims	Extra Claims	Fee	Fee Paid
	<input type="text"/>	<input type="text"/> x 25 =	<input type="text"/> \$0

Independent Claims	<input type="text"/>	x 105 =	<input type="text"/> \$0
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Multiple Dependent	<input type="text"/>	=	<input type="text"/> \$0
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SUBTOTAL **(\$)** 0

Fee Description Large Entity Small Entity

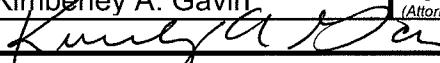
Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
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Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
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Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185
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SUBTOTAL **(\$)** 1,295

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	Kimberley A. Gavin	Registration No. (Attorney/Agent)	51,723
Signature			
	Telephone	212-408-2500	
	Date	06/13/2008	

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/073463
Filing Date	02/11/2002
First Named Inventor	Rzhetsky et al.
Art Unit	1631
Examiner Name	DeJong
Attorney Docket Number	070050.1942

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Kimberley A. Gavin		
Date	06/13/2008	Reg. No.	51,723

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Date		

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